Application or Decket Number

10 505420

l		CLAIMS	AS FILED	- PART	ı			CHALL					
_			(Cotur	nn_1)	(Coli	(Column 2)		SMALL ENTITY TYPE [.]			OTHER THAN OF SMALL ENTITY		
	OTAL CLAIMS						7	RATE	FEE	7	RATE		
Ľ	OR .		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F		OA	BASIC FE	FEE ·	
Ľ	OTAL CHARG	EABLE CLAIMS	30 n	ทูเกนร 20=						ÖR	XS16=	 	
11/2	IDEPENDENT	CLAIMS ·	15,	minus 3 =	•			· X43=		┦~~		 	
M	ULTIPLE DEPE	NDENT CLAIM	PRESENT				1	7140=	+	OR	X86=	 	
•	If the difference	e in column 1 is	s less than :	zero, enter	*0* in c	column 2	ן ר	+145=		OR	-290=	<u> </u>	
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	8:24:04	Column 1) (Column 2)				(Column 3)	SMALI	.ENTITY	·OR		R THAN ENTITY	
AMENDMENT A	gns	CLAIMS REMAINING AFTER AMENDMENT	ý.	HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
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AMENDMENT B		CLAIMS REMAINING		(Colum	ST	(Column 3)	1		ADDI-	7 r		ADDI	
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AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	RISLY	PRESENT EXTRA	۱	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A43=		OR	A00=		
• ((If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
	the Highest Nur the Highest Nur	nder Previously Pai nder Previously Pa	id For IN THI	S SPACE IS H	ess than '	20, enter "20."	ADO	TOTAL DIT. FEE			TOTAL DOIT, FEE		
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